

# DAV COLLEGE OF EDUCATION, ABOHAR

## Form A

### Format of application for seeking information under the right to information act-2005

Application ID No. : RTI/.....  
(For official use)

To

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The Public Information Officer/ Asstt. Public Information Officer,  
DAV College of Education, Abohar

1. Name of the Applicant : \_\_\_\_\_
2. Address \_\_\_\_\_  
\_\_\_\_\_
3. Particulars of information
  - (a) Concerned Office/Department : \_\_\_\_\_
  - (b) Particulars of information required \_\_\_\_\_
    - (i) Details of information required : \_\_\_\_\_
    - (ii) Period for which information asked for: \_\_\_\_\_
    - (iii) Other details \_\_\_\_\_
4. Format in which information is required:
5. Mode of delivery expected (ordinary post, speed post, by courier, by hand, through internet or e-mail, by fax etc.). Additional fee may be charged to cover the cost of delivery.
6. The information can be furnished within 30 days as prescribed under Section 6 (1)/ the information sought for concerns my life and liberty, therefore the information may be furnished to me within 48 hours (Please delete the inapplicable portion).
7. Without prejudice to my rights under the RTI Act 2005, to facilitate faster retrieval of information, I would like to state that the information could be available in.....(please indicate the name of concerned Office/Department of the Institute).

PTO

8. I state that the information sought does not fall within the restrictions contained in section 8 and 9 of the Act and to the best of my knowledge it pertains to your office.
  9. I also state that I am a citizen of India and I am eligible to seek information under the Right to Information Act 2005. (Attach Adhar Card or other ID proof)
  10. (i) A fee of Rs. \_\_\_\_\_ has been deposited in the Accounts Office of the Institute vide Receipt No. \_\_\_\_\_ dated \_\_\_\_\_, or
  11. A Postal Order/Bank Draft No. \_\_\_\_\_ dated \_\_\_\_\_ is enclosed, or
  12. The applicant is not liable to pay any fee because he/she is below the poverty line (proof is attached).
- (Please tick one and delete the remaining two options)

Place:

Date :

(Name & Signature)  
Postal Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

E-mail address: \_\_\_\_\_

Tel No. \_\_\_\_\_

Note: for quick delivery of the information there should unambiguous in every respect